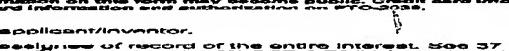


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PAGE 47 - RCV'D AT 2/23/2008 9:34:23 PM [Eastern Standard Time] - SVR:USPTO-EFXP-0744 - CSID:2183638802 - DURATI0N (min:ss) 0:1-38

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.130(e)		Docket Number (Optional)																									
(Use pursuant to the Small Entity Fee Waiver Provisions of 37 CFR 1.130(e))		Period 06/04/0002																									
Application Number 101064010 Art. Unit 3730 Full LIGHT THERAPY EQUIPMENT		Examined JOHNSON III, HENRY L.																									
This is a request under the provisions of 37 CFR 1.130(e) to extend the period for filing a reply in the above identified application.																											
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(e)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(e)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(e)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$ 510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(e)(4))</td> <td>\$1600</td> <td>\$800</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(e)(5))</td> <td>\$2100</td> <td>\$1050</td> <td>\$</td> </tr> </tbody> </table>					Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(e)(1))	\$120	\$60	\$	<input type="checkbox"/> Two months (37 CFR 1.17(e)(2))	\$450	\$225	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(e)(3))	\$1020	\$510	\$ 510	<input type="checkbox"/> Four months (37 CFR 1.17(e)(4))	\$1600	\$800	\$	<input type="checkbox"/> Five months (37 CFR 1.17(e)(5))	\$2100	\$1050	\$
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2030 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. <small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Please see 37 CFR 1.27 for information concerning disclosure of credit card numbers.</small>																											
I am the <input checked="" type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 1.72(b) is enclosed (Form PTO/CD/00). <input type="checkbox"/> attorney or agent of record. Registration Number _____. <input type="checkbox"/> attorney or agent under 37 CFR 3.4. <input type="checkbox"/> Registered Paralegal under 37 CFR 1.34  GEORGE V. A. HOS Signature _____ Type or printed name _____																											
Date July 17, 2007 Telephone Number 219-365-3802 <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives (e.g., agents) are required. Client multiple forms if more than one signature is required, etc. Below</small>																											
<input type="checkbox"/> Total fee _____ Forms are submitted.																											

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